



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000124306</b> 1. Entity Name <b>QUALITY TRIM CARPENTRY, INC.</b>			
Principal Place of Business <b>614 LIVE OAK LANE PANAMA CITY BEACH, FL 32408</b>		Mailing Address <b>614 LIVE OAK LANE PANAMA CITY BEACH, FL 32408</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01212007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>83-0375872</b> Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>MCGOWEN, THOMAS E 614 LIVE OAK LANE PANAMA CITY BEACH, FL 32408</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		000000718975 05/01/07-80044-011 158.75	
TITLE	PTS	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	MCGOWEN, THOMAS E		
STREET ADDRESS	614 LIVE OAK LANE		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Thomas E McGowen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-9-07 850 696 7944 Date Daytime Phone #	